NON 0 3 5000 B

Index the Reserved Redu	untion Act of 1995	90 00/100 0/0 //	auired to			and Trader	roved for use throug nark Office; U.S. DE	h 7/31/2006. + PARTMENT (OF COMMERCE	
				respond to a collection of information unless it displays a valid OMB control number. Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).							09/771,312			
FEE TRANSMITTAL For FY 2006				7.55.000.000			January 26, 2001			
							Aya JAKOBOVITS			
							B. Fetterolf	·		
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 16			1642			
TOTAL AMOUNT OF PAYMENT (\$) 620.00				Attorney Docket No. 51			51158200010	511582000100		
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please						please ider	ntify):			
x Deposit Account Deposit Account Number: 03-1952 Deposit Account					count Name: Morrison & Foerster LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fe									he filing fee	
X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
	FILING	G FEES	SE	ARCH F	EES	EXAMI	NATION FEES	}		
Application Type	Fee (\$)	Small Entity	Fee (\$		Entity e (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Application Type Utility	300	<u>Fee (\$)</u> 150	500	_	50	200	100	0.00		
			100	2	50	130	65	0.00		
Design	200	100		,						
Plant	200	100	300		50	160	80	0.00		
Reissue	300	150	500	2	50	600	300	0.00		
Provisional	200	100	0		0	0	0	0	0.00	
2. EXCESS CLAIM FEES								Eco (\$)	Small Entity Fee (\$)	
Fee Description								Fee (\$)		
Each claim over 20 (including Reissues)								50	25	
Each independent claim over 3 (including Reissues)								200	100	
Multiple dependent claims								360	180	
Total Claims Extra							ultiple Dependent Claims			
- = x = C HP = highest number of total claims paid for, if greater than 20.			.00 <u>Fee (\$)</u>				Fee Paid (\$) 0.00			
•	• •		F	D_1-1 (#)				0.00	_	
			Paid (\$)							
HP = highest number of indepe	X	for if greater tha		0.00						
		TOT, II GIODICI TIO								
3. APPLICATION SIZE FE If the specification and d		d 100 sheets o	of paper	(excludir	g electr	onically f	iled sequence or	computer		
listings under 37 CFR	1.52(e)), the a	application siz	ze fee di	ie is \$250	(\$125 f	for small	entity) for each a	dditional 5	0	
sheets or fraction ther							• •			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = /50 (round up to a whole number) x) ×	=	0.00	
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 395.00 2252 Extension for response within second month 225.00										
Coupuis ou (//							 -	
SUBMITTED BY	-1 /h.	# L		Registration	n No	44.055		(050) 70	20.70.40	
signature				(Attorney/A		44,957		(858) 72		
Name (Printrype) James	Mullen III, F	²h.D.					Date	Novembe	r 3, 2006	